

INOVA FAIRFAX HOSPITAL

**REQUISITION for LABORATORY TESTING of SOURCE PATIENT
for BODY FLUID EXPOSURE of NON-INOVA PERSONNEL
(EMS Personnel, Police Officers, Good Samaritans, Etc.)**

DO NOT USE THIS FORM FOR INOVA EMPLOYEE EXPOSURES

Go to the Registration Desk in the Women & Children's building to register the source patient.
Or send completed form with Specimens to Pneumatic Tube Station 21 - Microbiology Laboratory

Demographic Information Required for Registration:
(If source patient is already registered, Name and Medical Record Number are adequate)

Source Patient's Full Name: _____

Birth Date: _____ Social Security Number: _____

Address: _____

Phone Number: _____

Medical Record Number: _____

Diagnosis Code: V15.85

Attach patient label here (if available)

Check here if request is for testing of the exposed person rather than the source patient ____.

Test(s) Requested:

___ HIV RAPID (Purple top tube – EDTA) tests for HIV-1, -2 AB

___ HBSAG (Gold top tube)

___ HCV AB (Gold top tube)

___ Other - Specify:

Ordering Physician:

Specimen Collection Info: Date: _____ Time: _____ Collector: _____

Employer of Exposed Person (check below).

(GECE Guarantor number 20207 for IDP - Infectious Disease Physicians, Inc. if exposed person is employed by one of the following jurisdictions)

___ Fairfax County Fire and Rescue

___ Fairfax County Police Department

___ Fairfax County Office of the Sheriff

___ Fairfax City Fire & Rescue

___ Arlington County

___ Other Employer - Specify:

Employer Contact name & phone number: _____

___ Check here if this is a Good Samaritan Exposure.

County where exposure occurred:

Laboratory Test Orders will be entered into GECE by Laboratory Personnel.

Microbiology Use Only

Attach Laboratory label here: